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## ABSTRACT

This paper describes a model of a field based or clinical experience program for prospective teachers. An overview of issues and concerns regarding field experiences and student teaching describes the traditional approach to supervised practice teaching. In a discussion of contemporary perspectives on student teaching programs, it is noted that clinical teaching experiences should address individual student needs, provide exposure to various teaching styles, offer a variety of experiences in the classroom, and involve inservice teachers as active participants. A description is given of the Radford University (Radford, Virginia) Model for a clinical teaching program in which a key factor was more rigorous requirements for admission. Another salient fact of the program was a new emphasis on the training of cooperating teachers. The program description covers requirements for cooperating teachers, and the responsibilities of both the clinical and adjunct faculty. Criteria for selecting clinical faculty are listed and an outline is presented of the training program for the faculty. (JD)

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## A FUNCTIONAL CLINICAL FACULTY MODEL

A Paper Presented at the 1989 Conference of  
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by  
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While walking down a busy street, a man noticed an unoccupied automobile rolling down the street. Dropping his parcels and throwing caution to the wind he sprinted toward the car. Making a desperate lunge, he opened the door, jumped inside, and pulled on the parking brake, bringing the car to a sudden stop. Totally elated, he jumped out of the car and noticed a crowd of onlookers. A man wearing blue coveralls approached him, and he cried in a triumphant voice, "I stopped this car!" The man, looking very chagrined, replied, "I know. I was pushing it!"

This, in a sense is what has happened in recent years to education. Those of us who have been charged with the responsibility of and have dedicated our lives to improving the education of our children and youth have suddenly found that as we were pressing our efforts in this regard we have been somewhat rudely stopped by persons seemingly unaware of what we have been trying to do. It would be very easy to throw up our hands and quit or even resist. But, there is something within us that makes us persist in our efforts as professionals. Further, after recovering from the shock of being stopped literally in our tracks and reflecting on why we were stopped, it appears that those who have been most outspoken in their criticisms of our efforts may not be totally in error in their recommendations.

The work of the groups calling for reform in teacher education can be subsumed under one or more of the following categories:

**Better Students:** How do we attract and retain the best and brightest?

**Academic Preparation:** What is the proper knowledge base for the preparation of classroom teachers?

**Improved Evaluation Systems:** Is there a viable system/model to accurately assess the abilities of preservice teachers before, during, and after their initial training?

**Increased Field Experiences:** Aside from the obvious benefits to be derived from increasing the field based experiences of preservice teachers, are there additional values which can be obtained from rethinking the "traditional" models?

This paper describes an approach which seeks to address one of these areas: field based or clinical experiences.

Murray (1986) has determined that scores on standardized tests alone are not significant indicators of success in teaching, and academic achievement in a college program is likewise not considered to be a trustworthy gauge. His view is that perhaps we need to consider a rule which may be applied to determine the potential for success of a person in a particular endeavor. This rule can be stated as follows:

The best predictor of performance in a situation is the most recent past performance in that situation or a similar situation.

By extension, then, the best predictor of teaching performance is past teaching performance, and no other factor or combination of factors will yield a better prediction.

This notion is supported almost without exception by both preservice and inservice educators. Follow-up studies of graduates consistently reveal that graduates attribute their success as teachers to either their student teaching experience and/or to their first year of teaching.

That the reformers of teacher education have singled out student teaching as a critical factor in the education of preservice teachers is no accident. Educators have known for years that the student teaching experience is potentially the most significant course in any teacher education program. However, to assume that simply dusting off previous practices and inserting them in "newer" programs is a prelude to disaster. Rather, what must occur is a totally new definition of and orientation to the field experiences components in teacher education.

### Field Experiences: Issues and Concerns

Numerous researchers have documented extensively the widely held assumption that student teaching is usually identified by new teachers as the most useful aspect of teacher education. As early as 1963, Conant stated that "the one indisputably essential element in professional education is practice teaching." Conant extended this argument further as follows:

Public school systems that enter into contracts with a college or university for practice teaching should designate, as classroom teachers working with practice teachers, only those persons in whose competence as teachers, leaders, and evaluators they have the highest confidence, and should give such persons encouragement by reducing their work loads and raising their salaries.

During the two decades since Conant made these comments, very little attention has been given to his suggestions. In fact, all too many "traditional" models of student teaching supervision have gone to the opposite extreme.

### The Clinical Teaching/Supervising Model

Clinical supervision has its roots in the supervision of preservice teachers and has been extended to also include inservice teachers. The concept of clinical supervision was first espoused by Morris L. Cogan and others at Harvard University during the 1950's. (Sullivan, 1980)

Clinical supervision is based upon the premise that teacher and supervisor should address problems collaboratively. Reavis (1976) stated that clinical supervision "rests on the conviction that instruction can only be improved by direct feedback to a teacher on aspects of his or her teaching that are of concern to that teacher (rather than items on an evaluation form or items that are pet concerns of the supervisor only)."

Thus, clinical supervision is a field-based approach to instructional supervision. According to Cogan (1973), the word "clinical" is used in his model because it denotes and connotes "the salient operational and empirical aspects of supervision in the classroom." Goldhammer (1969) described the concept as "supervision up close."

Sullivan (1980) described five "propositions" concerning clinical supervision have been identified and verified through practice. While each of these propositions provides relevant information concerning instructional supervision, the fifth is more appropriate for the strategies discussed in the present paper.

The supervisor-supervisee relationship can be one of mutuality. This idea assumes that the supervisor's task is to secure a commitment from the teacher (not to coerce) and to increase the teacher's freedom to act self-sufficiently in the classroom. This is a direct contradiction of the generally held view that a supervisor is "above" the teacher in the educational hierarchy. The late Kimball Wiles (1967) spoke of the role or attitude of the supervisor as one of "power with" as opposed to "power over" those being supervised.

Goldhammer (1969), specifically, has identified three values which are associated with the concept and practice of clinical supervision:

1. Respect for individual human autonomy. The implication here is that self-sufficiency and freedom to act are primary goals for learners, teachers, and supervisors. Murray (1986) stated that "organisms under stress

regress to levels of behavior that are below their competence; newly acquired behaviors are driven out under stress by older, more primitive and better established behaviors." Student teaching is a stressful experience unto itself. The typical student teaching placement does not offer a true laboratory experience because the possibilities of failure and risk are minimal.

2. Inquiry, analysis, examination, and evaluation, especially when self-initiated, are espoused. Current research in the area of reflection in teacher education would seem to be a contemporary response to this point. Posner (1989) stated that reflection without experience "is sterile and generally leads to unworkable conclusions. Experience with no reflection is shallow and at best leads to superficial knowledge." The emerging importance of this concept is highlighted in a recent issue of the Journal of Teacher Education. (Lasley, 1989).
3. Belief in the high value of human compassion, patience, and sense of one's behavior and its impact upon others. Immoderate behavior, according to Goldhammer, is inalterably opposed to the basic principles upon which the concept of clinical supervision is based. Combs (1978) and Cohen and Hersh (1972) present a cogent portrait of "humansitic teacher education" which seems to be consistent with Goldhammer's view.

### The Model

Clinical supervision somewhat lacks the attributes of a theory. Rather, the definition, propositions, and values are accompanied by a model. According to Sullivan (1980) the space within which that model operates is the classroom. Thus, a clinical teaching program is rooted in actual classroom experience as opposed to simulation and role playing activities in an artificial setting. Those persons directly involved in clinical experiences, including teaching and supervision, are the teacher and the supervisor. "The predominate feature of the model is its process, the cycle of clinical supervision."

Cogan (1973) identified eight steps or "phases" in the cycle:

1. Establishment of the teacher-supervisor relationship.
2. Collaborative lesson planning (teacher leads).
3. Collaborative development of objectives, processes, and



arrangements for observations and data collection (supervisor leads).

4. Observation of instruction in the classroom.
5. Cooperative analysis of the teaching-learning process.
6. Conference planning (supervisor leads)
7. Conference. There is no prescription for this conference, because, by design, "the conference defines itself in its context." (Cogan, 1973)
8. Renewed planning. This is based upon changes and strategies mutually derived from the conference.

### Contemporary Perspective on Student Teaching Programs

One outcome of the various national reports is the realization that education, particularly teacher education, can never be the same. Rather, we must look forward to seeking new and vital means to improve the preparation of classroom teachers, and, particularly, we must reexamine current practice concerning our field experiences components of teacher education programs. In this context we should consider for a moment four principles upon which clinical teaching experiences should be based:

1. The program should provide great flexibility to address strengths and weaknesses of individual students;
2. Student teachers should have opportunities to become involved with several teachers and various teaching styles.
3. A variety of experiences should be provided in the classroom (and school) in addition to teaching.
4. Inservice teachers must become active participants with university faculty in the development and administration of teacher education programs.

In the future, the operation of a clinical teaching program cannot be left to chance. Rather, successful administration of such programs will depend upon the design and implementation of a continuous evaluation process which involves all participants. Clinical experiences for preservice teachers should begin in the freshman year and continue through the senior year, culminating with a full-time teaching experience in a clinical setting. Thus, evaluation must be implicit in this continuum of experiences, the results of which could be a complete folio of evidence of competency (including evaluations, written reports, logs, letters of reference, and a video tape!).

Clinical supervisors must recognize that their role in

evaluation is absolutely crucial to the successful development and growth of preservice teachers. This is no time for timidity! Many clinical supervisors often feel that they are "caught in the middle" and that their evaluation will not be considered. In reality, however, the one person in the entire process who has the best perspective concerning the competence of a student teacher is the clinical supervisor.

This means, among other things, that the reward system must be reviewed. In the Radford model, classroom teachers will be provided training by the University. As they proceed through the training program and become involved in the student teaching program, many of these clinical supervisors will be given, among other things, adjunct appointments within the College of Education and Human Development. The intent here is not just to show appreciation, but to emphasize an increased awareness of the significant role performed by classroom teachers as clinical supervisors in the teacher education program.

What must the university do to improve this? Clinical supervisors must be actively and collaboratively involved with university faculty in the teacher education program. The need for school-college linkages is more imperative today than ever before in our history. Given this understanding, Radford University has taken the initiative to utilize the Clinical Faculty Program as a vehicle to be used in establishing and expanding these kinds of relationships. The results of program activities to date indicate that the plan has merit.

### The Radford University Model

The tradition of excellence in the teacher education programs at Radford University has been documented at both the state and national levels. A key factor in the maintenance of this standard of excellence is the fact that the University has always been receptive to and has encouraged productive change. This has been most evident in the leadership role the University has assumed during the past decade relative to teacher education. In this regard, the University initiated significant changes far in advance of other institutions, including the following:

1. Implementation of more rigorous requirements for admission to and graduation from teacher education, including, most significantly, the following:
  - Increasing the grade point average for admission to, retention in, and graduation from teacher education programs to 2.5.
  - Increased requirements for admission to the Teacher Education Program to include evidence of competency in oral and written communications. These changes have resulted in a denial rate of approximately 40% of applicants for admission.

-Implementation of a four-year field based program for persons seeking a degree and endorsement in Early and Middle Education, Special Education, and Library Science.

2. In 1985, the College of Education and Human Development initiated a pilot program designed to improve the preparation of persons serving as cooperating teachers and provide additional recognition for their services. This program incorporated most of the requirements for clinical faculty programs which are currently being implemented in Virginia and elsewhere.

During the 1987-88 academic year the College of Education and Human Development initiated steps designed to fully implement a Clinical Faculty Program. The model for this program was derived from the project begun in 1985 and from the guidelines developed by the Virginia Association of Colleges for Teacher Education (1986), criteria contained in the current accreditation standards of the National Association for Accreditation of Teacher Education (1987), and the Plan to Restructure Teacher Education at Radford University. (1988)

#### Program Description

During the Spring Semester of the 1987-88 academic year, the Dean of the College of Education and Human Development appointed a special committee to implement the University's Clinical Faculty Model. This committee was(is) composed of representatives from three area school divisions: Radford City, Montgomery County, and Pulaski County. These three school divisions provide placements for approximately 95% of all students enrolled in clinical experiences at Radford University.

Radford University recognizes that the implementation of a successful clinical faculty program requires that the model itself be composed of three "tiers" which serve to provide structure and credibility to the program. The recognition of this need is derived primarily from the results obtained from the pilot project begun in 1985. The levels and characteristics of each level are:

- I. Cooperating Teacher - A cooperating Teacher is a certified classroom teacher who meets the established minimum requirements established by the University and the local school board. Cooperating teachers will serve primarily to provide supervision for students in the first three years of the teacher education program. They may also supervise clinical experiences of student teachers when a qualified clinical supervisor is not available. Cooperating



Teachers will be paid by the University for their services and will be provided with training necessary for them to function effectively in the supervision of preservice teachers.

- II. Clinical Faculty - A person given Clinical Faculty status is a Cooperating Teacher who meets the minimum criteria for the position and is selected by the University upon the recommendation of the school division. Clinical Faculty are given advanced training in supervision and receive additional benefits beyond the regular compensation.
- III. Adjunct Faculty - A person who has served as a Clinical Faculty member may be given an appointment as an Adjunct Faculty member in the College of Education and Human Development. This appointment will be based upon recommendations from the school division and approval by faculty in the appropriate department in the College of Education and Human Development.

#### Program Goals

The existence of the planning committee and, in fact, the Clinical Faculty Program serve to alleviate several persistent problems relative to the administration and functioning of the clinical experiences programs in the University by addressing the following goals:

1. Increased communication and collaboration between the University and cooperating school divisions concerning the selection of classroom teachers to supervise students enrolled in clinical experiences.
2. Systematic, continuous training for classroom teachers and University faculty who supervise preservice teachers.
3. Enhanced recognition and reward system for classroom teachers who supervise students in clinical activities.
4. Expanded involvement of classroom teachers and school administrators in preservice teacher training.

In addition, the Clinical Faculty Program inculcates the values derived from clinical supervision espoused by Goldhammer. (1969)

### Selection of Clinical Faculty

The standards for selecting persons to serve as clinical faculty exceed those established by the Virginia Association of Colleges for Teacher Education, the Virginia Chapter of the Association of Teacher Educators, and other authoritative groups. The procedures for selection were developed and approved by a committee composed of representatives from each of the three cooperating school divisions and Radford University. Further, these standards and procedures were derived from the 1985 Cooperating Teacher Pilot Project and represent input and comments from the participants in that project. The procedures utilized in the selection process are as follows:

1. Representatives from the Clinical Faculty Committee provide detailed information to principals in the three school divisions concerning the program.
2. Principals meet with the teachers in their respective schools and provide information concerning the program, including application and selection procedures, expectations, and rewards.
3. Teachers who meet the general criteria for selection submit applications to the central office.
4. Applications are reviewed by appropriate personnel in each central office, and letters of recommendation are prepared for teachers who meet the school division requirements for service as clinical faculty.
5. Letters of recommendation and applications are forwarded to the Dean of the College of Education and Human Development.
6. A selection committee appointed by the Dean reviews the application materials and selects those teachers who meet the criteria for service as clinical faculty.

### Criteria for Selecting Clinical Faculty

1. Holds a baccalaureate degree and certification in the area in which supervision is provided.
2. Meets the minimum local (school division) criteria for appointment as a "Cooperating Teacher."
3. Has had previous successful experience in the supervision of student teachers, preferably as part of the Radford University program.

4. Has at least three years teaching experience.
5. Exemplifies professional competence, possesses skills in interpersonal relations, and is recognized as a highly competent teacher as supported by recommendations from at least two of the following persons: principal, department chairperson, and/or content supervisor.
6. Is approved by the central administration.
7. Has expressed a desire to become involved in a cooperative clinical experiences program and assume the responsibility for supervising a preservice teacher.
8. Agrees to accept a Clinical Faculty appointment for a period of five (5) years.

#### Content of Training Program

The training program for Clinical Faculty is organized to address three significant areas of responsibility regarding the supervision of preservice teachers in clinical experiences: University and State Policies, Counseling and Communications Skills, and Observation and Evaluation. Specific topics are subsumed under each of these strands as follows:

- A. University and State Policies
  1. Degree requirements
  2. University policies governing clinical experiences
  3. Evaluation criteria and procedures
  4. Personnel roles in clinical experiences programs
  5. University resources supporting clinical experiences
  6. Overview of certification requirements related to clinical experiences
- B. Counseling and Communications
  1. Interpersonal communications regarding identified professional needs
  2. Personality variables and developmental needs relative to the counseling of student teachers
  3. Maintaining effective communications between and among key persons in the clinical experiences program: student, clinical faculty, and University Supervisor
- C. Observation and Evaluation
  1. Observational practices, observational instruments, and observational skills
  2. Techniques designed to focus classroom observations in the development of student teaching skills
  3. Techniques designed to assist in the identification of student teacher problems and provide assistance

- in identified problem areas
4. Skills required for successful conduct of pre- and post-observation conferences
  5. Translation of observation and counseling into the prescribed, regular assessment procedures

#### Expansion of the Program

At the completion of the first year of the program, an analysis of responses from the participants and discussions with members of the program Advisory Committee indicated that the potential exists to expand the program to include at least two additional levels in the model: Mentor Teacher and Peer Trainer/Evaluator.

A Mentor Teacher is a classroom teacher who has completed the training in the Clinical Faculty Program and who has been selected by the employing school division to serve as a Mentor Teacher. A Mentor Teacher will serve primarily to assist beginning teachers during the first year of employment. A Mentor Teacher may also be asked to serve as a building level contact for Clinical Faculty and Student Teachers.

#### Selection of Mentor Teachers

The responsibility of selecting persons for appointment as Mentor Teachers will be vested in the local school divisions. However, it is anticipated that the University will provide assistance in the selection process through the sharing of information concerning the work of applicants as Clinical Faculty. Compensation for service as a Mentor Teacher will also be the responsibility of the employing school division. However, in those instances in which a Mentor Teacher is providing support for preservice clinical experiences programs, compensation will be provided by the University as appropriate.

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